



PTO/SB/17 (07-06)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	200.00	Attorney Docket No.	0630-1892P
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**Complete if Known**

Application Number	10/743,494-Conf. #7786
Filing Date	December 23, 2003
First Named Inventor	Ho-seon REW
Examiner Name	T. T. Snider
Art Unit	1744

**METHOD OF PAYMENT (check all that apply)**

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>02-2448</u>	Deposit Account Name: <u>Birch, Stewart, Kolasch &amp; Birch, LLP</u>		

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Small Entity
50      25

Each independent claim over 3 (including Reissues)

200      100
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Multiple dependent claims

360      180
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Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
14	- 20 =	x _____	= _____

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	- 3 =	1      200.00	= 200.00

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x _____	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Additional claims 200.00

SUBMITTED BY				
Signature	<i>James T. Eller, Jr.</i>	Registration No. (Attorney/Agent)	39,538	Telephone (703) 205-8000
Name (Print/Type)	James T. Eller, Jr.	Date	December 13, 2006	



Docket No.: 0630-1892P  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Ho-seon REW et al.

Application No.: 10/743,494

Confirmation No.: 7786

Filed: December 23, 2003

Art Unit: 1744

For: VACUUM CLEANER

Examiner: T. T. Snider

**AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION**

**MS Amendment**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**INTRODUCTORY COMMENTS**

In response to the Examiner's Office Action dated September 15, 2006, the following amendments and remarks are respectfully submitted in connection with the above-identified application.

**This reply includes:**

**Amendments to the Specification;**

**Amendments to the Abstract;**

**Amendments to the Claims; and**

**Remarks.**

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